MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016571
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4048

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED APR 25 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 20 years — c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Inside Limits: Yes ☒ No ☐ — d. STREET ADDRESS (If outside, give location) 308 Clara Avenue — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mabel Middle E. Last Benthall

4. DATE OF DEATH Month April Day 17 Year 1962

5. SEX Female — 6. COLOR OR RACE White — 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ — 8. DATE OF BIRTH 6/11/10 — 9. AGE (last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartment Manager — 10b. KIND OF BUSINESS OR INDUSTRY Real Estate — 11. BIRTHPLACE (City and state or country) Jacob Illinois — 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Smith — 13b. MOTHER'S MAIDEN NAME Bessie Welchell — 14. NAME OF HUSBAND OR WIFE Raymond Benthall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none — 16. SOCIAL SECURITY NO. — 17. INFORMANT Raymond Benthall 308 Clara Avenue Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

IMMEDIATE CAUSE (a) Metastatic Carcinoma Lung & Abdomen — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma Corpus uteri

DUE TO (c) 172x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951 to Present and last saw her alive on 4/17/62

Death occurred at 1x p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lawrence M. Klein M.D. — 22b. ADDRESS 4409 W Pine — 22c. DATE SIGNED 4/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE April 20, 1962 — 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery — 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home 1167 Hamilton Ave — 25. DATE RECD. BY LOCAL REG. APR 18 1962 — 26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	2	1	
4	1		
5	1		
7	1		
8	2		
12	64-0		
	64		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

DR. KOTNER
4409 W PINE
1-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Laurence C. Gerling

Licensed Embalmer No. 4977

P. O. Address Berkeley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.